

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS2788AGZ	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/20/2008
NAME OF PROVIDER OR SUPPLIER CHUTNEY RESIDENTIAL HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 3881 CHUTNEY ST LAS VEGAS, NV 89118		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>This statement of deficiencies was generated a a result of the annual state licensure survey and complaint investigation conducted at your facility on August 20, 2008.</p> <p>The survey was conducted using Nevada Administrative Code (NAC) 449, Residential Facility for Groups Regulation, adopted by the Nevada State Board of Health on July 14, 2006.</p> <p>The facility was licensed as 7 beds Residential Facility which provides care to persons with Alzheimer's Disease, Category 2 Residents.</p> <p>The census was 6 residents.</p> <p>The following complaint was investigated.</p> <p>Complaint #NV18969 was substantiated with no deficiencies</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>The following regulatory deficiencies were identified.</p>	Y 000		
Y 070 SS=F	<p>449.196(1)(f) Qualifications of Caregiver-8 hours training</p> <p>NAC 449.196</p> <p>1. A caregiver of a residential facility must:</p> <p>(f) Receive annually not less than 8 hours of training related to providing</p>	Y 070		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 070	Continued From page 1 for the needs of the residents of a residential facility. This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to ensure employees receive no less than 8 hours of caregiver training annually. Findings include: The employee files lacked documented evidence of the required 8 hours of caregiver training for 2 of 3 employees (#2, #3). Interview with facility administrator on 8/20/08 at 2:30 PM revealed, both employees were scheduled to take an 8 hour course on 8/24/08. Severity: 2 Scope: 3	Y 070		
Y 936 SS=F	449.2749(1)(e) Resident file NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. This Regulation is not met as evidenced by: NAC 441A.380 is hereby amended to read as follows:	Y 936		

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Y 936	Continued From page 2 441A.380 1. Except as otherwise provided in this section, before admitting a person to a medical facility for extended care, skilled nursing, or intermediate care, the staff of the facility shall ensure that a chest radiograph of the person has been taken within 30 days preceding admission to the facility. 2. Except as otherwise provided in this section, the staff of a facility for the dependent, a home for individual residential care or a medical facility for extended care, skilled nursing, or intermediate care shall: (a) Before admitting a person to the facility or home, determine if the person: (1) Has had a cough for more than 3 weeks; (2) Has a cough which is productive; (3) Has blood in his sputum; (4) Has a fever which is not associated with a cold, flu, or other apparent illness; (5) Is experiencing night sweats; (6) Is experiencing unexplained weight loss; or (7) Has been in close contact with a person who has active tuberculosis. (b) Within 24 hours after a person, including a person with a history of bacillus Calmette-Guerin (BCG) vaccination, is admitted to the facility or home, ensure that the person has a tuberculosis screening test, unless there is not a person qualified to administer the test in the facility or home when the patient is admitted. If there is not a person qualified to administer the test in the facility or home when the person is admitted, the staff of the facility or home shall ensure that the test is performed within 24 hours after a qualified person arrives at the facility or home or within 5 days after the patient is admitted, whichever is sooner. (c) If the person has only completed the first step of a two-step Mantoux tuberculin skin test within the 12 months preceding admission, ensure that the person has a second two-step Mantoux	Y 936			

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Y 936	Continued From page 3 tuberculin skin test or other single-step tuberculosis screening test. After a person has had an initial tuberculosis screening test, the facility or home shall ensure that the person has a single tuberculosis screening test annually thereafter, unless the medical director or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 3. A person with a documented history of a positive tuberculosis screening test is exempt from skin testing and routine annual chest radiographs, but the staff of the facility or home shall ensure that the person is evaluated at least annually for the presence or absence of symptoms of tuberculosis. 4. If the staff of the facility or home determines that a person has had a cough for more than 3 weeks and that he has one or more of the other symptoms described in paragraph (a) of subsection 2, the person may be admitted to the facility or home if the staff keeps the person in respiratory isolation in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200 until a health care provider determines whether the person has active tuberculosis. If the staff is not able to keep the person in respiratory isolation, the staff shall not admit the person until a health care provider determines that the person does not have active tuberculosis. 5. If a test or evaluation indicates that a person has suspected or active tuberculosis, the staff of the facility or home shall not admit the person to	Y 936			

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Y 936	<p>Continued From page 4</p> <p>the facility or home, or, if he has already been admitted, shall not allow the person to remain in the facility or home, unless the facility or home keeps the person in respiratory isolation. The person must be kept in respiratory isolation until a health care provider determines that the person does not have active tuberculosis or certifies that, although the person has active tuberculosis, he is no longer infectious. A health care provider shall not certify that a person with active tuberculosis is not infectious unless the health care provider has obtained not less than three consecutive negative sputum AFB smears which were collected on separate days.</p> <p>6. If a test indicates that a person who has been or will be admitted to a facility or home has active tuberculosis, the staff of the facility or home shall ensure that the person is treated for the disease in accordance with the recommendations of the Centers for Disease Control and Prevention for the counseling of, and effective treatment for, a person having active tuberculosis. The recommendations are set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200.</p> <p>7. The staff of the facility or home shall ensure that counseling and preventive treatment are offered to each person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.</p> <p>8. The staff of the facility or home shall ensure that any action carried out pursuant to this section and the results thereof are documented in the person's medical record.</p> <p>Based on record review and interview, the facility failed to adhere with the provisions of chapter</p>	Y 936			

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Y 936	Continued From page 5 441A of NRS. Record review: On 8/20/08, Resident # 1's file lacked documented evidence in which the resident had received a tuberculosis screening. Interview: Interview with the facility administrator on 8/20/08 at 12:15 PM revealed, the resident was given the first step skin test at a clinic and was due to return on 8/22/08 to be read. The facility administrator revealed, the clinic kept the record and the facility was not given a copy. Severity: 2 Scope: 3	Y 936		
YA895 SS=D	449.2744(1)(b) Medication/MAR NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered to each resident. The record must include: (1) The type of medication administered; (2) The date and time that the medication was administered; (3) The date and time that a resident refuses, or otherwise misses, an administration of medication; and (4) Instructions for administering the medication to the resident that reflect the current order or prescription of the resident's physician.	YA895		

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YA895	<p>Continued From page 6</p> <p>This Regulation is not met as evidenced by: Based on record review and interview, the facility failed to follow physician's orders for 1 of 6 residents (#3).</p> <p>Findings include:</p> <p>Record Review:</p> <p>Resident #3 was admitted to the facility on 8/8/08 with diagnoses including left sided hemiparesis, history of cerebrovascular accident, and organic delusional dementia. Review of the medications and medication administration record (MAR) revealed, Resident #3 was no longer on Seroquel, Roxicet and Advair. These medications were not listed in the MAR but were found to be kept with Resident #3's current medications.</p> <p>No physician's orders were found in the resident's file to determine when the medications were started and when they were discontinued.</p> <p>Interview:</p> <p>On 8/20/08 at 1:30 PM, the facility administrator revealed, the medications had been discontinued and had not had the opportunity to dispose the medications.</p> <p>Severity: 2 Scope: 1</p>	YA895			

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